

City of San Antonio
Request for Human Services Development Funds

City Council District:

Amount Requested:

Legal Name of Organization:

Complete Organization Address:

Organization Tax ID No.:

Contact Person:

Phone No.:

Person Authorized to Sign Contract:

Title:

Purpose of the Organization:

Public Purpose of the Expenditure :
(how will the public benefit)

If Purpose is an event please complete the following:

Is event open to the public: *(if yes answer questions below)*

Is there a fee to participate: If yes, can fee be waived: Fee:

If the organization is purchasing equipment, does organization provide services to the public:

Item to be purchased:

Reason for need: Cost:

Item to be purchased:

Reason for need: Cost:

Item to be purchased:

Reason for need: Cost:

Item to be purchased:

Reason for need: Cost:

Item to be purchased:

Reason for need: Cost:

For Council District Office use only:
Amount Approved: District Contact:

For Dept. of Community Initiatives use only:
Date Received: ECMS: DCI Log: